

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/216201</div>		Filing Date	
							Applicant(s) <div style="font-size: 1.5em; font-family: cursive;">7</div>			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
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Total Indep	3		1		1		1		1	
Total Depend	12		1		1		1		1	
Total Claims	15									